DEFENSE HEALTH BOARD
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APR 13 2007

DHB

MEMORANDUM FOR The Secretary of Defense
The Secretary of the Army
The Secretary of the Navy

SUBJECT: Recommendations of the Independent Review Group to Report on Rehabilitative Care & Administrative Processes at Walter Reed Army Medical Center and National Naval Medical Center

On April 11, 2007, the Defense Health Board (DHB), deliberated with the Independent Review Group on their "Report on Rehabilitative Care & Administrative Processes at Walter Reed Army Medical Center and National Naval Medical Center". The DHB reviewed their findings and recommendations as they relate to these medical centers and other related concerns within the Department of Defense. The DHB, a chartered federal advisory committee is tasked with providing independent advice and recommendations to the Secretary of Defense through the Assistant Secretary of Defense for Health Affairs and the Under Secretary of Defense for Personnel and Readiness on matters regarding the treatment and prevention of disease and injury, the promotion of health and the delivery of efficient, effective, and high quality health care services to Department of Defense beneficiaries.

The Independent Review Group, a DHB subcommittee, was established by the Secretary to identify any critical shortcomings and opportunities to improve rehabilitative care, administrative processes, and quality of life for patients at Walter Reed Army Medical Center, the National Naval Medical Center, and other centers where large volumes of casualties are engaged in rehabilitative care, disability review and patient processing.

The DHB carefully reviewed the IRG's findings and recommendations. Historically the DHB noted General Washington's words from the 1700's "that the willingness of our citizens to participate in the future defense of our country is in direct proportion to how they see us treat the current members of our military."

The Board fully endorses and concurs with the IRG's findings and recommendations as detailed in their report. We commend the exhaustive efforts of the IRG members to identify the underlying causes for the shortcomings at these medical centers and the related systemic issues within the Department. In this regard, the DHB wishes to summarize our own recommendations, which we view as complementary to the IRG recommendations, as noted below:

1. We recommend that a specific individual be tasked with carrying out the recommendations of the IRG. This individual should have sustained authority and accountability. Specific tasks that should be considered include the prospective collection of data on a system-wide basis in order to determine the full extent of the identified issues, the review and creation of multiple models of care adaptable to

changing requirements, evaluation of the current constraints and needs, a full understanding of the evolutionary and dynamic changes occurring in these needs, and actionable recommendations.

2. At the conceptual level, we also think additional considerations should include:
    a. **Development of a set of guiding principles**, transparent and public, as to what the ultimate solution to the current issues should look like. Such guiding principles might include requiring that the eventual solutions be patient-centric, adhere to the highest standards of clinical care, be evolutionary over time, cost-effective, and actionable.
    b. **Development of a *roadmap* of the "ideal medical care and support pathway"** from the point of acute injury all the way through chronic rehabilitative care that involves both patients and their families. Again, this roadmap must be patient-centric.
    c. **Development of metrics, measures and timelines** for this medical care and support roadmap/pathway.
    d. **A definition of the personnel, resources, and ancillary services needed** to achieve the roadmap.
    e. Finally we must **define the responsibility and authority** as well as accountability for each step of this roadmap. Someone, a specific identified individual, must be in charge of this process, and must be accountable.

The Board recognizes that the bottom line is that the DoD must develop solutions that get the right people, delivering the right services, at the right time, and at the right locations, to the right consumers. In this regard the IRG has appropriately titled its report "Rebuilding the Trust." Finally, it is absolutely clear that the root solution involves legislative appropriations – the military medical and VA systems MUST be sufficiently resourced to enable them to provide the health care, acute and chronic, that our wounded warriors and their families deserve. It is the cost of war. These wounded warriors and their families have paid a high price – and our country's debt is "To care for him who shall have borne the battle, and for his widow, and his orphan.[1]" It is a moral imperative from which we dare not shrink, and just as we don't leave our acutely wounded soldiers behind battle lines; we cannot leave them medically "behind the lines" either.

GREGORY A. POLAND, MD
President, Defense Health Board

cc:
Secretary of the Air Force
ASD(HA)
USD(P&R)

[1] President Abraham Lincoln, 2nd inaugural address, 1865